PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

P64439

CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			3 .		1		Г	RATE	FEE	OR 	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00
TO	TAL CHARGEA	BLE CLAIMS	2 minus 20=		* .		F	X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	• minus 3 =		*			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT						┢	+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	L	TOTAL		OR	TOTAL	710
	C	MENDED	- PAR	T II					,	OTHER		
		(Column 1)		(Colu	nn 2) (Column 3)			SMALL ENTITY			SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONAL FEE
NDM	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	I CLAIM			+135=		OR	+270=	
			•			•.	L	TOTAL ODIT, FEE		OR	TOTAL ADDIT, FEE	
		(Column 2) (Column 3)				12.2	WAL.					
ENT B		CLAIMS REMAINING AFTER AMENDMENT	,	NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONAL FEE
Į	Total	•	Minus	**	* 4	=		X\$ 9=		OR	X\$18=	*****
AMENDM	Independent	•	Minus	***		= '		X40=		OR	X80≟ <i>,</i>	***
	FIRST PRESE	ULTIPLE DEF	PENDEN	TCLAIM		J ├	+135=	* d	•	270-2		
				;		-	L	TOTAL		OR	TOTAL	
•								ODIT. FEE		OR	ADDIT. FEE	
	· 	(Column 1) CLAIMS		, HIGI	imn 2) HEST	(Column 3) T	1 -	······································	ADDI-	İ		ADDI:
AMENDMENT C		REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
NOW	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	200
AME	Independent	*	Minus	***		<u> -</u>	┨┞	X40=		OR	X80=	
╠	FIRST PRESENTATION OF MULTIPLE DEPENDEN				II CLAIM		┙┞	+135=			+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							L	TOTAL		OR	TOTAL	* ,
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
I	The "Highest Nur	nber Previously Pa	aid For (Total o	r Indepen	dent) is the	nignest numbe	er toun	a in the app	propriate bo	X III CC	i nmuk	

RCE 7/31/03

Application or Docket Number

09/94/585

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

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CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
T	OTAL CLAIMS				J. gri		RATE	FEE]	RATE	FEE
F	DR		NUMBER	FILED	NUMBER EXTRA		BASIC FEE	375.00	OR	BASIC FEE	750.00
TO	OTAL CHARGEA	ABLE CLAIMS	2 mir	nus 20=	*		X\$ 9=	·	OR	X\$18=	
INI	DEPENDENT CL	AIMS	2 minus 3 = *				X42=		OR	X84=	
Мι	JLTIPLE DEPEN	IDENT CLAIM P	RESENT						1		
* If the difference in column 1 is less than zero, enter					"0" in a	column 2	+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	/	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column						(Column 3)	SMALL	ENTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	EST BER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	!
ME	Independent	<i>+</i>	Minus .	***		=	X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT C				CLAIM		+140=		OR	+280=	
			TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE					
		(Column 3)	AUDIT, PEET		•	,,5511.1 (6.)					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	8000 1000 1000 1000 1000 1000 1000 1000	HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	-	Minus	***		=	X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+140=		OR	+280=	
	TOTA								OB	TOTAL ADDIT. FEE	
		(Column 3)	ADDIT. FEE		4	ADDII. FEE					
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colur HIGH NUMI PREVIC PAID	EST BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	4.9		=	X\$ 9=		OR	X\$18=	
ME	Independent		Minus	***		=	X42=	-		X84=	
[FIRST PRESENTATION OF MULTIPLE DEPE				CLAIM				OR		
	If the entry in color	mn 1 is less than th	se entry in colu	mn 2 write	"O" in co	lumn 3	+140=		OR	+280=	
**	If the "Highest Nur	mbe: Previously Pa	aid For" IN THE	S SPACE is	s less tha	n 20, enter "20."	TÖTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											